



MCNEP0109US

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ferguson et al. : Group No.: 1816
Serial No.: 08/307,640 : Examiner: D. Adams
Filed: September 15, 1994 :

For: WOUND HEALING AND TREATMENT OF FIBROTIC DISORDERS

RECEIVED
DEC 20 1996
GROUP 1800Commissioner of Patents and Trademarks
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

[X] a small entity — verified statement:

[] attached.
[X] already filed.

[] other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Claudia Bader

(Type or print name of person mailing paper)

Date: December 3, 1996Claudia Bader

(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(a) [X] Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

Total months <u>requested</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[] one month	\$ 110.00	\$ 55.00
[X] two months	\$ 390.00	\$195.00
[] three months	\$ 930.00	\$465.00
[] four months	\$1,470.00	\$735.00

Fee \$195.00

(b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity	Small Entity	Other Than A Small Entity	Other Than A Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total	22	Minus	21	1	x 11 =	11	x 22 =	\$
Indep.		Minus		=	x 40 =	\$	x 80 =	\$
First Presentation of multiple dependent claim					+ 130 =	\$	+ 260 =	\$
						Total Addit.	OR	Total Addit.
						Fee \$11.00		Fee \$

(c) [] No additional fee for claims is required.

OR

(d) [X] Total additional fee for claims required \$11.00.

FEE PAYMENT

5. [X] Attached is a check in the sum of \$206.00.

[] Charge Account No. _____ the sum of \$_____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. [X] If any additional extension and/or fee is required, charge Account No. 18-0988.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 18-0988.



SIGNATURE OF ATTORNEY/AGENT

Reg. No.: 32,510

William C. Tritt

Type or print name of attorney/agent

Tel. No.: (216) 621-1113

RENNER, OTTO, BOISSELLE & SKLAR, P.L.L.
1621 Euclid Avenue
Nineteenth Floor
Cleveland, Ohio 44115